



# UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
[www.uspto.gov](http://www.uspto.gov)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/621,479	07/15/2003	William W. Rowley	MER-77	2550
24115	7590	03/24/2006	EXAMINER	
BUCKINGHAM, DOOLITTLE & BURROUGHS, LLP			LE, LINH GIANG	
50 S. MAIN STREET			ART UNIT	PAPER NUMBER
AKRON, OH 44308			3626	

DATE MAILED: 03/24/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

<b>Office Action Summary</b>	<b>Application No.</b>	<b>Applicant(s)</b>	
	10/621,479	ROWLEY, WILLIAM W.	
	Examiner Linh-Giang Le	Art Unit 3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --  
**Period for Reply**

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

#### Status

- 1) Responsive to communication(s) filed on 15 July 2003.  
 2a) This action is FINAL.                    2b) This action is non-final.  
 3) Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

#### Disposition of Claims

- 4) Claim(s) 1-20 is/are pending in the application.  
 4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.  
 5) Claim(s) \_\_\_\_\_ is/are allowed.  
 6) Claim(s) 1-20 is/are rejected.  
 7) Claim(s) \_\_\_\_\_ is/are objected to.  
 8) Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

#### Application Papers

- 9) The specification is objected to by the Examiner.  
 10) The drawing(s) filed on \_\_\_\_\_ is/are: a) accepted or b) objected to by the Examiner.  
     Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).  
     Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).  
 11) The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

#### Priority under 35 U.S.C. § 119

- 12) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).  
 a) All    b) Some \* c) None of:  
     1. Certified copies of the priority documents have been received.  
     2. Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.  
     3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

\* See the attached detailed Office action for a list of the certified copies not received.

#### Attachment(s)

- |                                                                                                                                             |                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892)                                                                 | 4) <input type="checkbox"/> Interview Summary (PTO-413)<br>Paper No(s)/Mail Date. _____. |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948)                                                        | 5) <input type="checkbox"/> Notice of Informal Patent Application (PTO-152)              |
| 3) <input checked="" type="checkbox"/> Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08)<br>Paper No(s)/Mail Date <u>122205</u> . | 6) <input type="checkbox"/> Other: _____.                                                |

## **DETAILED ACTION**

### ***Notice to Applicant***

1. The communication is in response to the application filed 15 July 2003. Claims 1-20 are pending.

### ***Claim Rejections - 35 USC § 103***

2. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

3. Claims 1-20 are rejected under 35 U.S.C. 103(a) as being unpatentable over Comite (US2002/0194022) in view of Allen (US2003/0182413) and Walz (US2004/0093231).

4. As per claim 1, Comite teaches a method for specialized service at an associated healthcare facility, the facility having at least one healthcare provider (Comite; Page. 5, para. 6), the method comprising the steps of :

offering preferred services to the member (Comite; Page. 5, para. 6);

performing at least one medical procedure on the member (Comite; Page 5 para. 67);

arranging at least one meeting between at least one satisfied member and at least one officer of the associated healthcare facility (Comite Pg. 5, para. 74);

5. Comite does not expressly teach choosing the associated healthcare facility based upon at least one quantitative rating system, wherein only the associated healthcare facilities in approximately the top 20% of the rating system are chosen. However this is well-known in the art as evidenced by Allen. In particular, Allen teaches a system and method for allowing a service user to quantify and compare the desirability of competing service providers and selecting a service provider to perform a particular service (Allen; Pg. 1, para. 3). It would have been obvious to add the feature taught by Allen to the Comite method with the motivation of allowing the purchaser of goods to select the most appropriate product suitable to a purchaser's needs (Allen; Pg. 1, para. 4). Examiner notes that a health care consumer would likely choose a facility with a high quality rating as that would be more suitable to the consumer's needs as Allen teaches.

Art Unit: 3626

6. Comite further does not teach providing a membership provider. However, this is well-known in the art as evidenced by Walz. In particular Walz teaches:

the membership provider being a separate entity from the associated healthcare facility (Walz; Fig. 1); Examiner interprets the “charitable organization funding & benefit plan” to be the “membership provider.”

providing at least one membership to at least one potential member,

charging a membership fee (Walz; Pg. 1, Para. 20);

providing at least one dedicated staff person, wherein the staff person is at least partially supported by the membership provider (Walz; Pg. 1, para. 3);

Examiner interprets “supporting the organization with the donation” as partially supporting the membership provider.

conducting at least one satisfaction survey with the member; (Walz, Pg. 3, para. 24); Examiner interprets “member information” and “vital statistics” to include the satisfaction of members.

tracking donations given by the at least one satisfied member (Walz, Pg. 3, para. 24); and, soliciting donations to the associated healthcare facility from at least a satisfied member (Walz; Pg. 4, para. 28).

7. It would have been obvious to one of ordinary skill in the art to add this feature of Walz to the method taught by Comite with the motivation of sustaining the organization for growth and to meet obligations to members (Walz; Pg. 2; Para. 14).

8. As per claim 2, Comite teaches a method wherein at least one dedicated staff person has at least one dedicated work area, wherein the staff person is dedicated exclusively to the member (Comite; Page 5, para 67).

9. As per claim 3, Comite does not expressly teach a method of wherein the cost of the at least one dedicated staff person is supported exclusively by the membership provider and the dedicated staff person is an employee of the associated healthcare facility. However, this is well-known in the art as evidenced by Comite and Walz. Comite teaches delivering health care services to consumers (Comite; Pg. 5, Para. 66). Walz teaches providing services for individual members (Walz; Pg. 1, para. 10). It would have been obvious to one of ordinary skill in the art that the costs be supported by the membership provider with the motivation of sustaining the organization for growth and to meet obligations to members (Walz; Pg. 2; Para. 14).

10. As per claim 4, Comite does not expressly teach the method wherein the preferred services are chosen from the group comprising: pick up from an airport, pick up from a train station, pick up from a port, pick up via automobile, concierge services, dedicated waiting room, personal accompaniment to appointments, specialized menu options, pre-registration at a hotel, pre-registration at the healthcare facility, and dedicated examination room. However, this is well-known in the art. Comite does teach delivering health services to consumers at different sites (Comite; Pg. 5, Para.

66) and that the medical site maybe at a distance proximate to the hospital facility (Comite; Pg. 5, Para. 70). Examiner respectfully submits that the above preferred services would be offered in order to integrate quality medical services in physical settings (Comite; Pg. 5, Para. 66).

11. As per claim 5, Comite teaches the method further comprises the step of arranging initial meeting at the associated healthcare facility (Comite; Pg. 5, para. 74).

12. As per claim 6, Comite does not expressly teach the method further comprising the step of informing the associated healthcare facility donations given by satisfied members. However, this is well known in the art as evidenced by Walz. In particular, Walz teaches operation of the program providing each member personal satisfaction (Walz; Pg. 4, Para. 27). Examiner interprets "operation of the program" to include informing all facilities involved with providing services to the member. It would have been obvious to one of ordinary skill in the art to add this feature of Walz to the method taught by Comite with the motivation of sustaining the organization for growth and to meet obligations to members (Walz; Pg. 2; Para. 14).

13. As per claim 7, Comite teaches the method further comprising the steps of maintaining a database of participating healthcare facilities and updating the database (Comite; Pg. 5, para. 71).

14. As per claim 8, Comite does not expressly teach the method further comprising the step of preparing at least one gift for at least one healthcare provider. However, this is well-known in the art as evidenced by Walz. In particular, teaches payments going from the "charitable organization funding and benefit plan" to doctors (Walz, Fig. 1). It would have been obvious to one of ordinary skill in the art to add this feature of Walz to the method taught by Comite with the motivation of sustaining the organization for growth and to meet obligations to members (Walz; Pg. 2; Para. 14).

15. As per claim 9, Comite does not expressly teaches the method further comprising the steps of creating multiple access levels, wherein more of the preferred services are offered for the higher access levels; and, charging higher membership fees for the higher access levels. However this is well known in the art as evidenced by Walz. In particular, Walz teaches taking into account actual member contributions in determining the value of the burial plan (Walz; Pg. 3, para. 23). It would have been obvious to one of ordinary skill in the art to add this feature of Walz to the method taught by Comite with the motivation of sustaining the organization for growth and to meet obligations to members (Walz; Pg. 2; Para. 14).

16. As per claim 10, Comite does not expressly teach the method further comprising the steps of soliciting larger donations from members who have had exemplary service. However this is well known in the art as evidenced by Walz. In particular, Walz teaches operation of the program providing members satisfaction as well as relying on members to meet the organization's obligations. Examiner notes

that an organization would solicit more donations from satisfied members to meet its obligations. It would have been obvious to one of ordinary skill in the art to add this feature of Walz to the method taught by Comite with the motivation of sustaining the organization for growth and to meet obligations to members (Walz; Pg. 2; Para. 14).

17. Claim 11 repeats the limitations of claim 1 and the reasons for rejection are incorporated herein.

18. Claim 12 repeats the limitations of claim 1 and the reasons for rejection are incorporated herein.

19. Claim 12 repeats the limitations of claim 1 and 7 and the reasons for rejection are incorporated herein. Examiner notes, as discussed in the rejection for claim 1, Comite in view of Allen teaches a system that allows a consumer to quantify and compare service providers (Allen; Pg. 1, para. 3) and the purchaser of goods would select the most appropriate product suitable to a purchaser's needs (Allen; Pg. 1, para. 4).

20. As per claim 13, Comite does not expressly teach a method of providing electronic feedback. However this is well known in the art as evidenced by Walz. In particular, Walz teaches the steps of:

providing an electronic feedback form to the at least one member;  
receiving the feedback from the at least one member;  
storing the feedback in a database; and,  
sorting the feedback based upon access level, member, hospital, and service  
rendered (Walz, Pg. 3, para 24-26).

21. It would have been obvious to one of ordinary skill in the art to add this feature of Walz to the method taught by Comite with the motivation of sustaining the organization for growth and to meet obligations to members (Walz; Pg. 2; Para. 14).

22. Claim 14 repeats the limitations of claim 10 and the reasons for rejection are incorporated herein.

23. As per claim 15, Comite does not expressly teach a method further comprising the step of providing electronic identification cards, the cards encoded with a password, the cards containing personal information regarding the member, including medical records and donation history, the card including the member's access level. However, this is well known in the art as evidenced by Walz. In particular Walz teaches maintaining member information for accounting of vital statistics and contributions in a computer arrangement (Walz, pg. 3, para. 24). It would have been obvious to one of ordinary skill in the art to add this feature of Walz to the method taught by

Comite with the motivation of sustaining the organization for growth and to meet obligations to members (Walz; Pg. 2; Para. 14).

24. As per claim 16 Comite teaches wherein the method further comprises the step of allowing the member to choose a specific physician upon arrival at the associated healthcare facility (Comite, pg. 8, Para. 135). Examiner interprets the “traditional course of medical treatment” as choosing a physician upon arrival at a site.

Claim 17 repeats the limitations of claim 1 and the reasons for rejection are incorporated herein.

25. Claim 18 repeats the limitations of claim 4 and the reasons for rejection are incorporated herein.

26. As per claim 19, Comite teaches the method wherein the method further comprises the step of securing access to a specific group of physicians for the at least one member, upon the member's arrival (Comite, pg. 8, Para. 135). Examiner interprets the “traditional course of medical treatment” as choosing a physician upon arrival at a site.

27. Claim 20 repeats the limitations of claim 9 and the reasons for rejection are incorporated herein.

***Conclusion***

28. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure. The cited but not applied prior art teaches a method and system for providing a user-selected healthcare services package and healthcare services panel customized based on a user's selections.
29. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Michelle Linh-Giang Le whose telephone number is 571-272-8207. The examiner can normally be reached on 8:30 AM - 5PM, M-F.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on 571-272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

  
LLe

  
C. LUKE GILLIGAN  
PATENT EXAMINER

